BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	METHOD OF EVALUAT	ring DRUG SI	ENSITIVITY BY AN	ALYZING THE MU-OPIOI	ID RECEPTOR G	ENE				
Fill in Appropriate	the specification of wh		hereto. If not attached	hereto,						
Information -	the specification was filed on						as			
For Use Without	United States Application Number					/:6lil-l-) d /				
Specification	and amended on	was filed on 3	10 March, 2005			 ` ' :				
Attached:	the specification was filed on 30 March, 2005 International Application Number PCT/JP2005/006701						_ as PCT and was			
	amended on						plicable)			
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federa									
	Regulations, §1.56. I do not know and do not believe the same was ever known or used in the United States of America before my or our invention									
	thereof, or patented or	r described in a	any printed publication	on in any country before i	mv or our invent	ion thereof or n	nore than one			
	year prior to this appl	lication, that the	ie same was not in pi ention has not been n	ublic use or on sale in the patented or made the subje	United States of	America more 's certificate issi	than one year ied before the			
	date of this application	on in any cou	ntry foreign to the Î	United States of America	a on an applicati	ion filed by me	e or my legal			
	representative or assignment	ns more than	twelve months (six n	nonths for designs) prior (filed in any country foreig	to this application	n, and that no a	pplication for			
					n to the officed 5	iales of Afficia	a prior to dus			
	I hereby claim for inventor's certificate	application by me or my legal representatives or assigns, except as follows. I hereby claim foreign priority benefits under Title 35, United States Code, \$119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:								
To a set Dai a situa	Prior Foreign Appli	cation(s)				Priority (Claimed			
Insert Priority Information:	P.2004-106136	Japan		March 31, 200	14					
(if appropriate)	(Number)	(Country	·)	(Month/Day/Yea	ar Filed)	Yes	No			
(FFF	(- · · === · ·)	(•		•	_	_			
				04 4 15 14						
	(Number)	(Country	")	(Month/Day/Yea	ar Filed)	Yes	No			
	(Number)	(Country	·)	(Month/Day/Yea	ar Filed)	Yes	No			
	, ,				•					
	(A.T)	· · · · · · · · · · · · · · · · · · ·	<u> </u>	() (+) /D/V	E:1- J\	□ Yes	□ No			
	(Number)	(Country)	(Month/Day/Yee	ы гиец)	165	No			
•	I hereby claim the ben	efit under Title	35, United States Cod	le, §119(e) of any United S	tates provisional a	applications(s) l	isted below.			
	•			•	_					
Insert Provisional	44 4 4 4 4									
Application(s):	(Application Number)		(Filing Date)							
(if any)										
	(Application Number)			(Filing Date)	(Filing Date)					
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:									
	Country		Application Num	ber Dat	te of Filing (Montl	h/Day/Year)				
Insert Requested Information: (if appropriate)										
	insofar as the subject application in the man information which is r	matter of eac mer provided b naterial to the	h of the claims of the by the first paragraph patentability as define	de, §120 of any United Stat is application is not disc of Title 35, United States ed in Title 37, Code of Fed ional or PCT international	losed in the prio Code, §112, I ack leral Regulations,	or United States nowledge the d §1.56 which be	and/or PCT uty to disclose			
Insert Prior U.S.										
Application(s): (if any)	(Application Number)	l	(Filing Date)	(Sta	atus - patented, pe	ending, abandor	ned)			
										
Page 1 of 2 (Rev. 12/19/01)	(Application Number)	ı	(Filing Date)	(Sta	itus - patented, pe	ending, abandor	red)			

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First	GIVEN NAME/FAMILY NAME	D.W. T. ITTO DIS CICCIO		
Full Name of First or Sole Inventor: Intert Name of Inventor Intert Date This Document is Signed	GIVE VIVANIE/ PANIET NAME	INVENTOR'S SIGNATURE	/ /	DATE*
Document is Signed	Kazutaka IKEDA	Rogulation Th	com	September 22
Insert Residence	Residence (City, State & Country)		CITIZENSHI	P
Insert Citizenship →	Cucinami lus Talesa Isa		_	
Insert Mailing	Suginami-ku, Tokyo, Japa MAILING ADDRESS (Complete Street Address	an	Jap	an
Addres →	Minimum ADDRESS (Complete Siteet Address	including City, State & Country)		
	1-15-9-402, Miyamae, Su	ginami-ku, Tokyo, 168	-0081. Ja	pan
full Name of Second Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
see above	ł i			DATE
	Soichiro IDE Residence (City, State & Country)			<u> </u>
	Residence (City, State & Country)		CITIZENSHII	Ρ
	Kure-shi, Hiroshima, Ja	nan	Jap	an.
	MAILING ADDRESS (Complete Street Address	including City, State & Country)	Jap	all
		•		_
ull Name of Third	1-8-26-A201, Hiroekimae	, Kure-shi, Hiroshima	, 737–014	2, Japan
Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
286 above	Ichiro SORA			
	Residence (City, State & Country)		CITIZENSHII	
	1		_	
	Sendai-shi, Miyagi, Japa MAILING ADDRESS (Complete Street Address	an	Jap	an
		including City, State & Country)		
	2-27-4, Kunimigaoka, Aol	oa-ku, Sendai-shi, Mi	yagi, 989	-3201, Japan
ll Name of Fourth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
see above				J
	Residence (City, State & Country)	L	CITIZENSHIP	
	(·), · · · · · · · · · · · · · · · · ·		CITZENSHIP	
	MAILING ADDRESS (Complete Street Address:	including City, State & Country)		
Name of Fifth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		
inventor, if any: see above	,, , <u></u>	INVENTORS SIGNATURE		DATE*
	P : 2			
	Residence (City, State & Country)	Ì	CITIZENSHIP	
		İ		
	MAILING ADDRESS (Complete Street Address i	ncluding City, State & Country)		
		J ,,		
133				
Name of Sixth wentur, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
see above				
	Residence (City, State & Country)		CITIZENSHIP	
	-	j		
-	MAILING ADDRESS (Complete State Stat			
i	MAILING ADDRESS (Complete Street Address in	nctuaing City, State & Country)		
Ī				
-				

BIRCH, STEWART, KOLASCH & BIRCH, LLP P.O. Box 747 • Falls Church, Virginia 22040-0747

PLEASE NOTE: YOU MUST COMPLETE THE **FOLLOWING**

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

METHOD OF EVALUATING DRUG SENSITIVITY BY ANALYZING THE MU-OPIOID RECEPTOR GENE

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	METHOD OF EVALUAT	ING DRUG SI	ENSITIVITY BY ANALYZ	ING THE MU-OPIOID RECEP	TOR GENE			
Fill in Appropriate	the specification of which is attached hereto. If not attached hereto, the specification was filed onas							
Information -	the specification v		as					
For Use Without	United States App	(if applicable)	, and /or					
Specification Attached:	the specification v		(ii applicable	as PCT				
Attached:	International App	lication Numb	per PCT/JP2005/006701		; and was			
		International Application Number PCT/JP2005/006701 ; and was amended on						
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.							
	I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.							
	I do not know and thereof, or patented or year prior to this application date of this application to the application of the application of the application of the application by the or in the application of inventor's certificate or inventor's certificate or inventor's certificate.	described in ication, that the involution, that the involution in any cours more than rificate on this y legal represeign priority histed below a	any printed publication in same was not in public ention has not been patent intry foreign to the Unite twelve months (six month seventialities or assigns, except entatives or assigns, except the same was the properties of assigns, except assigns, except the same was assigns.	ited States Code, §119(a)-(d) of ow any foreign application for	invention thereof or nates of America more nates of America to supplicate issupplication filed by medication, and that no a united States of America	more than one than one year led before the or my legal pplication for a prior to this		
	Prior Foreign Applic				Priority (Claimed		
Insert Priority	P.2004-106136	Japan		March 31, 2004	2			
Information: (if appropriate)	(Number)	(Country	7)	(Month/Day/Year Filed)	Yes	No		
	,							
	(Number)	(Country	7)	(Month/Day/Year Filed)	Yes	No		
				· •				
	(Number)	(Country	7)	(Month/Day/Year Filed)	Yes	No		
	` ,	` ,	•					
	(Number)	(Country	7)	(Month/Day/Year Filed)	Yes	No		
	I hereby claim the bene	efit under Title	35. United States Code, §1	19(e) of any United States prov	isional applications(s) li	isted below.		
			, , , , , , , , , , , , , , , , , , , ,	(,,				
Insert Provisional Application(s): (if any)	(Application Number)		· · · · · · · · · · · · · · · · · · ·	(Filing Date)				
	(Application Number)			(Filing Date)				
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:							
	Country		Application Number	Date of Filing	(Month/Day/Year)			
Insert Requested Information: (if appropriate)	· · · · · · · · · · · · · · · · · · ·							
	insofar as the subject application in the man information which is n	matter of eac ner provided l naterial to the	h of the claims of this ap by the first paragraph of T patentabilify as defined in	20 of any United States and/or oplication is not disclosed in t tle 35, United States Code, §11 Title 37, Code of Federal Regu or PCT international filing date	he prior United States 2, I acknowledge the d lations, §1.56 which be	and/or PCT uty to disclose		
Insert Prior U.S.								
Application(s): (if any)	(Application Number)		(Filing Date)	(Status - pate	nted, pending, abandor	red)		
Page 1 of 2 (Rev. 12/19/01)	(Application Number)		(Filing Date)	(Status - pate	nted, pending, abandor	ned)		

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292

P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First	GIVEN NAME/FAMILY NAME								
Full Name of First or Sols Inventor. Insert Name of Inventor Insert Date This Document is Signed		INVENTORSSIGNATURE		DATE*					
	Kazutaka IKEDA Residence (City, State & Country)	1							
Insert Residence Insert Citizenship →	•		CITIZENSHI	IP .					
Insert Mailing	Suginami-ku, Tokyo, Japa	an	Jap	an					
Address →	MAILING ADDRESS (Complete Street Address	s including City, State & Country)							
	1-15-9-402, Miyamae, Suginami-ku, Tokyo, 168-0081, Japan								
Full Name of Second Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
see above	Soichiro IDE	Soichino de		September 22					
	Residence (City, State & Country)		CITIZENSHI	1 200 C					
	Kure-shi, Hiroshima, Jap	_ `							
	MAILING ADDRESS (Complete Street Address		Jap	an					
		• •	707 014						
Full Name of Third	1-8-26-A201, Hiroekimae, GIVEN NAME/FAMILY NAME		, /3/-014						
Inventor, if any: see above	Ichiro SORA	INVENTOR'S SIGNATURE		DATE*					
	Residence (City, State & Country)								
	"		CITIZENSHII	P					
	Sendai-shi, Miyagi, Japa	Japan							
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
	2-27-4, Kunimigaoka, Aob	a-ku, Sendai-shi, Miy	yagi, 989	-3201, Japan					
ull Name of Fourth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
	Residence (City, State & Country)		CITIZENSHII						
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
all Name of Fifth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
see above			i						
	Residence (City, State & Country)	1	CITIZENSHIP						
		į							
1	MAILING ADDRESS (Complete Street Address including City, State & Country)								
	· · · · · · · · · · · · · · · · · · ·								
Name of Sixth	GIVEN NAME/FAMILY NAME	D. H. W. D. D. C. C. L. C.							
nventor, if any: see above	ON EN WHILL TANKE	INVENTOR'S SIGNATURE	ŀ	DATE*					
	Residence (City, State & Country)								
1	- Country)	1	CITIZENSHIP						
. .	MAILING ADDRESS (Care 1 to Care 1 to	1 11		MAILING ADDRESS (Complete Street Address including City, State & Country)					
1	MAILING ADDRESS (Complete Street Address in	ncluding City, State & Country)							
	MAILING ADDRESS (Complete Street Address in	ncluding City, State & Country)							

BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	METHOD OF EVALUAT	TING DRUG SEN	NSITIVITY BY ANAL	YZING THE MU-OPIOID RECEN	TOR GENE				
Fill in Appropriate	the specification of which is attached hereto. If not attached hereto,								
Information -	the specification was filed on					as			
For Use Without	United States Application Number					;			
Specification	and amended on	(if applicable	(if applicable) and/or						
Attached:	the specification was filed on 30 March, 2005					as PCT			
	International Application Number PCT/JP2005/006701 amended on					and was plicable)			
	*								
	amended by any amen	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal							
	Regulations, §1.56.	-		own or used in the United States o					
	thereof, or patented or	described in an	ny printed publication	in any country before my or ou	r invention thereof or 1	nore than one			
	year prior to this appl	ication, that the	same was not in pub	lic use or on sale in the United S	tates of America more	than one year			
				ented or made the subject of an i nited States of America on an a					
	representative or assig	ns more than to	welve months (six mo	nths for designs) prior to this ap	plication, and that no a	application for			
	patent or inventor's ce	rtificate on this	invention has been fil	nths for designs) prior to this ap ed in any country foreign to the U	Inited States of Americ	à prior to this			
	application by me or m	ıy ıegai represen reion priority be	natives or assigns, exc nefits under Title 35.	ерт as гоноws. United States Code, §119(a)-(d) of	any foreign application	n(s) for patent			
	or inventor's certificate a filing date before that	listed below an t of the applicati	d have also identified on on which priority i	United States Code, §119(a)-(d) of below any foreign application for s claimed:	patent or inventor's cer	rtificate having			
	Prior Foreign Applic	cation(s)			Priority	Claimed			
Insert Priority Information:	P.2004-106136	Japan		March 31, 2004					
(if appropriate)	(Number)	(Country)	.	(Month/Day/Year Filed)	Yes	No			
	(Number)	(Country)		(Month/Day/Year Filed)	⊔ Yes	No			
	(ivaniaci)	(Country)		(Monary Day) Tear Face)		_			
	<u> </u>			07 1 10 07 11 1		Ü			
	(Number)	(Country)		(Month/Day/Year Filed)	Yes	No			
	(Number)	(Country)		(Month/Day/Year Filed)	Yes	No			
	I hereby claim the bene	efit under Title 3	5. United States Code	§119(e) of any United States prov	risional applications(s) l	isted below.			
	,		.,	C (-) 1					
Insert Provisional			• • • • • • • • • • • • • • • • • • • •						
Application(s): (if any)	(Application Number)			(Filing Date)					
(If Elly)									
	(Application Number)			(Filing Date)					
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:								
	Country		Application Number	r Date of Filing	g (Month/Day/Year)				
Insert Requested									
Information:									
(if appropriate)									
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and,								
	insofar as the subject	insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT							
	application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available								
	between the filing date	of the prior app	olication and the natio	nal or PCT international filing dat	e of this application.				
Insert Prior U.S.									
Application(s):	(Application Number)		(Filing Date)	(Status - pate	nted, pending, abando	ned)			
(if any)	, 11-		, 6,	,		•			
	(A. T ST. 5. S.								
Page 1 of 2 (Rev. 12/19/01)	(Application Number)		(Filing Date)	(Status - pate	nted, pending, abando	ned)			

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292

P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent is used thereon.

rui Name of First	GIVEN NAME/FAMILY NAME						
Full Name of First or Sole Inventor. Invert Name of Inventor Inventor Inventor Document is Signed		INVENTOR'S SIGNATURE		DATE*			
Document is Signed	Kazutaka IKEDA						
Insert Residence Insert Citizenship →	Residence (City, State & Country)		CITIZENSHI	P			
-	Suginami-ku, Tokyo, Japan		Japa	an			
Insert Mailing Address →	MAILING ADDRESS (Complete Street Address		<u> </u>				
	1-15-9-402, Miyamae, Sug	inami-ku, Tokyo, 168-	0081, Jap	pan			
Full Name of Second Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
see above	Soichiro IDE	1		7-5 3 9 17 ,			
	Residence (City, State & Country)	•	CITIZENSHI	<u>l </u>			
	Kure-shi, Hiroshima, Japa	an	Japa	an			
	MAILING ADDRESS (Complete Street Address	including City, State & Country)					
	1-8-26-A201, Hiroekimae,		737-0142	2, Japan			
full Name of Third Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
see above	Ichiro SORA	I al on	-	September 22,			
	Residence (City, State & Country)		CITIZENSHII	[2006 P			
	Sendai-shi, Miyagi, Japan	Japa	an				
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
	2-27-4, Kunimigaoka, Aoba	-	agi, 989-	-3201, Japan			
all Name of Fourth	CIVENINIANE /FAMILY MANCE						
Inventor, if any	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	· ·	I') A TTC*			
Inventor, if any: see above	GIVEN NAME, FAMILI NAME	INVENTOR'S SIGNATURE		DATE*			
	Residence (City, State & Country)	INVENTOR'S SIGNATURE	CITIZENSHIF				
		INVENTORSSIGNATURE	CITIZENSHIE				
	Residence (City, State & Country)		CITIZENSHIF				
			CITIZENSHIF				
see above	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address in	ncluding City, State & Country)	CITIZENSHIE				
see above	Residence (City, State & Country)		CITIZENSHIE				
see above Name of Fifth hwentur, if any.	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address it GIVEN NAME/FAMILY NAME	ncluding City, State & Country) INVENTOR'S SIGNATURE		DATE*			
see above Name of Fifth hwentur, if any.	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address in	ncluding City, State & Country) INVENTOR'S SIGNATURE	CITIZENSHIP	DATE*			
ul Name of Fifth timentor, if any ree above	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address in GIVEN NAME/FAMILY NAME Residence (City, State & Country)	ncluding City, State & Country) INVENTOR'S SIGNATURE		DATE*			
ul Name of Fifth timentor, if any ree above	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address it GIVEN NAME/FAMILY NAME	ncluding City, State & Country) INVENTOR'S SIGNATURE		DATE*			
Exe above	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address in GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Address in MAILING ADDRESS	INVENTOR'S SIGNATURE acluding City, State & Country)		DATE*			
Exe above	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address in GIVEN NAME/FAMILY NAME Residence (City, State & Country)	ncluding City, State & Country) INVENTOR'S SIGNATURE	CITIZENSHIP	DATE*			
Il Name of Fifth Inventor, if any: see above I Name of Sixth Inventor, if any: see above	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address in GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Address in MAILING ADDRESS	INVENTOR'S SIGNATURE Including City, State & Country) INVENTOR'S SIGNATURE	CITIZENSHIP	DATE*			
Il Name of Fifth Inventor, if any: see above I Name of Sixth Inventor, if any: see above	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address in GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Address in GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE Including City, State & Country) INVENTOR'S SIGNATURE	CITIZENSHIP	DATE*			
Il Name of Fifth Inventor, if any ree above	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address in GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Address in GIVEN NAME/FAMILY NAME GIVEN NAME/FAMILY NAME Residence (City, State & Country)	INVENTOR'S SIGNATURE Including City, State & Country) INVENTOR'S SIGNATURE	CITIZENSHIP	DATE*			
Il Name of Fifth Inventor, if any. see above	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address in GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Address in GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE Including City, State & Country) INVENTOR'S SIGNATURE	CITIZENSHIP	DATE*			

Page 2 of 2 (Rev. 12/19/01)